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Appropriations Committee
January 28, 2010

[AGENCY 25]

SENATOR HEIDEMANN: Is anyone else wishing to testify on Agency 13? Seeing none, we will close the public hearing on Agency 13 and open up the public hearing on Agency 25, the Department of Health and Human Services. [AGENCY 13]

KERRY WINTERER: This is cozy. [AGENCY 25]

SENATOR HEIDEMANN: Welcome. [AGENCY 13]

KERRY WINTERER: (Exhibit 16) Good afternoon, Senator Heidemann and members of the committee. For the record, I am Kerry Winterer, that's K-e-r-r-y W-i-n-t-e-r-e-r, chief executive officer of the Department of Health and Human Services. I am here today to discuss our midbiennium budget request. First, I want to thank you for including the transfer of funding from Program 348--Medical Assistance to Program 347--Public Assistance to pay for room and board in enhanced treatment group homes for youth served by the Division of Children and Family Services. Second, the department appreciates the committee's support of the Governor's recommendation to finance the development of a program statement for the potential replacement of the Grand Island Veterans' Home. There is no change in services provided at the veterans' homes associated with support of this recommendation. Third, the committee recommendation includes \$300,000 of General Funds for Program 175--Rural Health Provider Incentive Program. The agency did not request this amount and the Governor did not include this amount in his recommendation in this session. The agency is prepared to manage this program without the addition of these General Funds. I'd be happy to answer any questions. [AGENCY 25]

SENATOR HEIDEMANN: Senator Mello. [AGENCY 25]

SENATOR MELLO: Thank you, Chairman Heidemann, and thank you, Director

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Winterer. There was a letter that was distributed from CMS regarding coverage for prenatal care and the sense that the state was being required to have to eliminate its prenatal care. The letter, as far as I know, in the letter I have, says that there's...we can continue that program of covering unborn children through the CHIP program. Is that kind of your assessment as well or...? [AGENCY 25]

KERRY WINTERER: There is a possibility to continue. At issue, for those who are not familiar with it, it is the coverage of unborn children. There is the option if one...if a state has what's referred to as a standalone SCHIP program to provide the coverage of unborn as part of that program. Nebraska does not have a standalone SCHIP program. It has an extension of Medicaid to provide coverage for children and, in that context, it's not permissible to provide coverage to unborns. [AGENCY 25]

SENATOR HEIDEMANN: Senator Nordquist. [AGENCY 25]

SENATOR NORDQUIST: Yeah, my staff has been following up on this and they found out that no two...that Rhode Island is one state but several other, there's five or six states now that are combo states that have extended Medicaid programs and then a distinct separate CHIP program for unborn children. Has the department looked at doing... [AGENCY 25]

KERRY WINTERER: We have looked at that in certain circumstances, as is the case in the context of the separate CHIP program, it is permissible under federal guidelines to run that kind of a program. The difficulty we have here is that there is no state statute which actually authorizes us to do that. [AGENCY 25]

SENATOR HEIDEMANN: Senator Fulton. [AGENCY 25]

SENATOR FULTON: Thank you, Mr. Chairman. When does this run out? I guess when is the... [AGENCY 25]

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KERRY WINTERER: We have provided notice to our administrators, in the process of providing notice to the women that are affected by this, that as of March 1 that will be the end of recognizing the unborn as a separate classification. We're going through the process now, for your information, of notifying all of those women who are affected. We're going through the process now of relooking at eligibility to determine if those women would be eligible in their own right, apart from looking at the eligibility of the unborn. [AGENCY 25]

SENATOR FULTON: And is there anything...what response is there on the part of the administration, or is there a response that can be taken? Is there...I mean do we come back and revisit this legislatively? What's the...is there something being done in the executive branch to...? [AGENCY 25]

KERRY WINTERER: Well, we've looked at this in every way that we can to try to resolve the problem, continue to serve the women that have been getting the prenatal services. Essentially, it becomes a legislative issue. We find that without enabling legislation by the state of Nebraska to allow us to provide for this, and it could be a state-only program without federal funds, if you chose to do that you could authorize providing this kind of coverage with state-only funds. That's an option. The other option is to provide in...is to set up a separate SCHIP program, which at one point in time, as I understand it, it was before my time, but the state looked at that and chose to go with the extended Medicaid program rather than the separate standalone SCHIP program. But at this point in time, there doesn't seem to be anything administratively we can do. It's going to take some kind of legislative solution. [AGENCY 25]

SENATOR FULTON: I have a final... [AGENCY 25]

SENATOR HEIDEMANN: Follow-up question is allowed. [AGENCY 25]

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SENATOR FULTON: This will be the final. [AGENCY 25]

KERRY WINTERER: This is your final. [AGENCY 25]

SENATOR FULTON: Yes. What prompted this decision? I mean I'm looking at this, I followed it a little bit in media accounts and I've started to get an idea of what's going on here through my office. What changed or what caused this to... [AGENCY 25]

KERRY WINTERER: Well, essentially what prompted the current situation is we did get a letter, as Senator Mello I think referred to. We have a letter from CMS, which are the federal regulators that provide for Medicaid, bringing to our attention or stating that in fact they had understood that we were providing coverage to the unborn, that that was not allowed under the federal Medicaid program and saying that we needed to respond to that and, if in fact that was the case, we needed to come up with a compliance...a plan of compliance, if you will, and respond to them by February 1. And we're in the process, as we speak, of responding to that at this point in time. [AGENCY 25]

SENATOR FULTON: All right. Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Senator Conrad. [AGENCY 25]

SENATOR CONRAD: Yes, thank you, Director, and I guess this is a follow-up to some of the issues that have already been discussed. But thus far, the road block that you've discovered in terms of continuing to provide coverage and services particularly related to prenatal care for a variety of our citizenry is that you lack statutory authorization to do so. Is that right? [AGENCY 25]

KERRY WINTERER: Yes. [AGENCY 25]

SENATOR CONRAD: Can you tell me if there is a statutory prohibition in place from

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accomplishing that on an administrative level? [AGENCY 25]

KERRY WINTERER: Well, I can't say that there's necessarily a prohibition but, essentially, we operate under the program and the law as provided by the Legislature, and we promulgate regulations under that statute. There's nothing that would provide us, in our estimation, the ability to provide this kind of coverage. That also, when you couple with the fact that it is not a recognized category under federal Medicare...Medicaid, I'm sorry, would mean that essentially it becomes a state-only program and is, therefore, not an authorized program under state statute. [AGENCY 25]

SENATOR CONRAD: So, to be clear, there is no statutory prohibition against continuing coverage for these individuals and the prenatal care that they require. [AGENCY 25]

KERRY WINTERER: There's...right, there's no...but there is no statutory authorization to provide that. [AGENCY 25]

SENATOR CONRAD: Okay. Okay. And just finally then, just to try and get the time line straight in my head, so this communication was provided to the state of Nebraska Department of Health and Human Services by the federal regulator, CMS, in the latter part of 2009. Is that right? [AGENCY 25]

KERRY WINTERER: Yes. I don't remember the exact date but my recollection is probably about the end of November, I believe. [AGENCY 25]

SENATOR CONRAD: Okay. [AGENCY 25]

KERRY WINTERER: I don't have the exact date. Maybe you do. [AGENCY 25]

SENATOR NORDQUIST: November 30. [AGENCY 25]

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SENATOR CONRAD: Okay. [AGENCY 25]

SENATOR MELLO: They're right here, yeah. [AGENCY 25]

SENATOR CONRAD: Okay. Thank...but...okay, so it was in the latter part of 2009. So in preparation for this legislative session, the department and the administration has had at least a month, if not longer, to develop a plan to address these issues and has made the policy decision that they would require legislative guidance to address this issue. But can you tell me then why the Governor or your department did not seek legislation to address this issue? [AGENCY 25]

KERRY WINTERER: Well, I think there was a lot of discussions among ourselves trying to determine what are our options, and ultimately we determined it was going to be a legislative option and we did send a letter to...deliver a letter to everybody in the Legislature indicating that that was...that was our situation at this point or at that point, I should say. [AGENCY 25]

SENATOR CONRAD: But you didn't draft any legislation to remedy the situation or seek introducers therefor? [AGENCY 25]

KERRY WINTERER: There was an effort and there was some draft legislation, as I understand it, that was available. I don't know that there was any introducers, essentially, sought for that but, as I said, there was...there was notification to the Legislature about what the issue was and the need to address it. [AGENCY 25]

SENATOR CONRAD: And so, essentially, once the department received this response and then communicated it up the chain of command, what specifically was Governor Heineman's response to addressing this issue? [AGENCY 25]

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KERRY WINTERER: Well, he was concerned about it and his desire I think was to try to find a way to continue to provide the service and look at every way that we could to continue to provide the service. I mean we have been...we have been recognizing, in the state of Nebraska we've been recognizing the unborn for probably 35 years. Ever since the beginning of Medicaid, that has been a recognized category of Medicaid-eligible person, if you will, from the beginning of the problem. And now we're just realizing that obviously that that was obviously an error and, at the same time, I think his approach, as was ours, was to try to find any way we could to deal with the problem and continue. Nobody wants to leave these women out without coverage, and try to find a way to address that. Ultimately, the conclusion was we weren't going to be able to do it without a legislative solution and, unfortunately, maybe that decision was made a little late in this session than we would have liked it to be. But at the same time, we were trying to do what we could to try to continue that coverage and there, thus, we sent the letter or delivered the letter on that to the Legislature saying this is our situation and it becomes a legislative issue. [AGENCY 25]

SENATOR CONRAD: And to be clear, you're aware and I believe the Governor is aware that within the context of our process there is a ten-day window for bill introduction. [AGENCY 25]

KERRY WINTERER: Yes. [AGENCY 25]

SENATOR CONRAD: And so that deadline just didn't accidentally pass by. It seems that that was maybe just not a deliberate course of action chosen by you and the Governor to seek legislative remedy. [AGENCY 25]

KERRY WINTERER: Well, we...we delivered the letter with probably a week's time before that...before the deadline to introduce a bill. [AGENCY 25]

SENATOR CONRAD: Uh-huh. But you didn't actively seek sponsors to carry this sort of

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legislation into this session. [AGENCY 25]

KERRY WINTERER: I can say that I didn't seek active sponsors. I can't speak for what anyone else may have done. [AGENCY 25]

SENATOR CONRAD: And I do appreciate and I want to thank you for the broader issues at play in terms of this...of this idea that we're discussing now, is that Nebraska does have a longstanding policy in terms of providing this kind of care to our citizenry. And I think no matter how many of us feel about the other highly emotional issues surrounding serving this population, the legal implications thereof, whether it be on the choice and life dilemma or in the immigration context, that nonetheless I think we can all agree that prenatal care is something that benefits Nebraska families and Nebraskans as a whole. And my hope would be that we would be...put a priority on getting that kind of care to our citizenry. So, you know, I don't know if you've discussed with the Speaker or other members of the Legislature maybe a potential suspension of the rules or otherwise to introduce standalone legislation this session, but I'd encourage you to do so. [AGENCY 25]

KERRY WINTERER: Senator, I have not discussed that. I may not be privy to all the conversations going on at this point in time. I also want to say that the department certainly shares that concern of the important prenatal services and I think that's part of why we're here at this point, is that we've always assumed that we were able to do that. When the problem first came to light, we were trying to find some way that we thought we could justify and continue to provide the services, and it was ultimately out of some amount of frustration when we say, well, we're down now to having to seek a legislative solution to solve the problem. [AGENCY 25]

SENATOR CONRAD: Okay. [AGENCY 25]

SENATOR HEIDEMANN: Senator Mello, for a follow-up, follow-up question. [AGENCY

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SENATOR MELLO: Thank you, Chairman Heidemann. Thank you, Director Winterer. Actually, Senator Conrad started to go...actually asked very similar questions I was going to ask you. But I will make a request, which is can you please follow-up with the committee prior to that March 1 deadline in regards to whether or not the Governor will be seeking to introduce a bill to rectify this situation? I think time is of the essence to try to deal with this, knowing that there is a March 1 deadline, and I think it would only serve the Legislature as a whole better to know sooner rather than later if the Governor is going to seek to introduce a bill to rectify this CHIP problem. [AGENCY 25]

KERRY WINTERER: Sure. [AGENCY 25]

SENATOR NORDQUIST: Mr. Chairman. [AGENCY 25]

SENATOR HEIDEMANN: Senator Nordquist. [AGENCY 25]

SENATOR NORDQUIST: Thank you, Director. Along those lines, at this point are you able to say whether or not, if there was an effort that senators initiated to do this, that the administration would be supportive of an effort like that? [AGENCY 25]

KERRY WINTERER: Well, I can't speak for the Governor at this point in time. I can tell you that the Governor is concerned about the problem and I think he would certainly entertain some solution... [AGENCY 25]

SENATOR NORDQUIST: Okay. [AGENCY 25]

KERRY WINTERER: ...to the extent that it was something that made sense and that the state could afford and all those things. [AGENCY 25]

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SENATOR NORDQUIST: Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Seeing no further questions, thank you. [AGENCY 25]

KERRY WINTERER: Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Is anyone else wishing to testify on Agency 25? Can I see a show of hands of people wishing to testify on this agency? We ask that you please keep your testimony under five minutes, three to five minutes would be best. [AGENCY 25]

JULIE DAKE ABEL: (Exhibit 17) Good afternoon, Senators. My name is Julie Dake Abel, J-u-l-i-e D-a-k-e A-b-e-l, and I'm the executive director of the Nebraska Association of Public Employees, NAPE/AFSCME Local 61. We represent a large number of state employees, including social service workers, case aides, eligibility technicians, and other staff that are part of the economic assistance program of DHHS. As many of you know, those are the persons that do eligibility and ongoing casework for those that receive state benefits, such as Medicaid, food stamps, AABD, Aid to Dependent Children, and various services such as childcare, medical transportation, energy assistance, etcetera. NAPE/AFSCME is here today with continuing serious concerns regarding HHS's move to the call centers and the program they call ACCESSNebraska. We believe that the Appropriations Committee is the forum in which this issue may be able to be addressed. The current workload, given the ongoing deterioration of the economy coupled with decreasing staff, is causing real problems and people that in the time of need are hurting, you know, seek assistance from the state. And frankly, I don't believe that the state as a whole is doing their job for these persons. Merely opening call centers is not going to relieve the tension. You can just ask anyone that is trying to get their unemployment checks from the Department of Labor and the understaffing that they had during a time of need. We believe "NoAccess" Nebraska jeopardizes the mentally ill, aged, and disabled. The department has cited community partners that are to pick up the slack, so to speak, but is providing them no

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real resources. You will hear others testify after me about some concerns that they have as well. Our request is that this committee take this issue on as a matter of legislative oversight and monitor this process much like the Legislature has done with Beatrice State Developmental Center. Our belief is that this really needs to be monitored to see where the money is actually going, are services being denied, and is this really a long-term solution. I'd be happy to answer any questions you have. There is going to be some people testifying after me, including the state employees. [AGENCY 25]

SENATOR HEIDEMANN: Senator Mello. [AGENCY 25]

SENATOR MELLO: Thank you, Mr. Chairman. And thank you, Ms. Dake, for your testimony. A couple questions just I think maybe for clarification for the committee: I believe Senator Conrad did a legislative resolution that would have kind of started the process, so to speak, of providing more legislative oversight over the ACCESSNebraska program. Are you aware, was there any action taken on that legislative resolution? [AGENCY 25]

JULIE DAKE ABEL: There was a resolution that was introduced and, to the best of my understanding, there were no meetings regarding that. [AGENCY 25]

SENATOR MELLO: Do you know what committee it went to? [AGENCY 25]

SENATOR CONRAD: Health and Human Services (inaudible), HHS. [AGENCY 25]

JULIE DAKE ABEL: HHS. [AGENCY 25]

SENATOR MELLO: HHS Committee? Okay. I guess one last question and I wholeheartedly agree with the call, so to speak, that the Appropriations Committee looks to, to provide more oversight over this government program and this government initiative. And I was pleased when I found out that Senator Conrad actually had taken

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the lead on trying to revive more of that legislative oversight. It's unfortunate that there was no action taken on it. But I guess my question goes to at least some of the research that I've been doing and my office has been doing. In regards to how we're going to...or at least how the Department of Health and Human Services has laid out to us as a committee in prior testimony of how they're going to pay for this, they've said they're going to pay for a good chunk of this program based on the bonus payments we get from our food stamp eligibility and success rate. Some of the research I've been doing and had my office do and some of the outreach I've been doing to other people in the community is that other states have shown that by moving to a call center process or call center program that eligibility has gone down everywhere, where their success rates have decreased dramatically. Thus, some states have lost actually that bonus payment that they originally had gotten and something that Nebraska has actually gotten an awful lot of lately. Has that been something that's been discussed do you know, at least with any of your members of your organization with the department or any members or any affiliates that you've been discussing this issue with? [AGENCY 25]

JULIE DAKE ABEL: Well, I do know that the employees here are very concerned about that. I do know that we have done some research in conjunction with our international, through other states, and they have had similar concerns and similar problems, and there have been other states. I believe I've provided that previously to the committee during special session, but I can certainly get that information out for the committee to look at again, that there has been problems regarding the bonus money and the error rate. And that's one of our foremost concerns with this too. [AGENCY 25]

SENATOR MELLO: Has...and one comment. I guess one last quick follow-up. In regards to the implementation of this, of the whole ACCESSNebraska program, you know, there's been a lot of debate in regards to transparency in government of late, what kind of public involvement or outside the department leadership involvement do you know of that DHHS has included in regards to public forums or public hearings or any kind of outreach, so to speak, that would have opened up this process to get, to

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gather input besides just people who work within DHHS? Do you know of anything that they've done or have they included NAPE/AFSCME at all in any of that kind of data gathering or kind of community input at all in regards to how this is going to come together and work out? [AGENCY 25]

JULIE DAKE ABEL: As far as NAPE/AFSCME goes, I guess I would say yes and I would say no. We have brought the issue to statewide labor management meetings; unfortunately, were told that's not the forum to discuss it, so we have tried some outreach. I have done...had several correspondence with various administrators in the agency to try and seek more information. It's been more of us trying to seek out information than them coming to us and giving us information. And as far as some of the other organizations or community people out there--any testifying on that--that, you know, some of the community partners may be able to tell you about that but I know that there had been problems with some of the community partners that HHS wanted to, you know, wanted to be in this program. They weren't even aware they were in the program. That I know of, there was no public meetings that I'm aware of that were actually, you know, public forums for any interested parties to come that I'm aware of. [AGENCY 25]

SENATOR MELLO: Okay. All right. Thank you so much. [AGENCY 25]

JULIE DAKE ABEL: Uh-huh. [AGENCY 25]

SENATOR HARMS: Any other questions? Senator Conrad. [AGENCY 25]

SENATOR CONRAD: Yeah, I just...thanks, Julie. I guess I'm just not understanding your last statement there. There were people that HHS had identified as their public partners in these efforts who didn't know they were public partners in these efforts? [AGENCY 25]

JULIE DAKE ABEL: That is correct. [AGENCY 25]

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SENATOR CONRAD: And do you have any sense in terms of how they had established them without communicating that to them? [AGENCY 25]

JULIE DAKE ABEL: No, I really don't. But I can tell you, you know, that we've had conversations and meetings with, you know, some various interested parties. [AGENCY 25]

SENATOR CONRAD: And these are people like community action agencies or libraries or food banks or... [AGENCY 25]

JULIE DAKE ABEL: That's correct. [AGENCY 25]

SENATOR CONRAD: Right? [AGENCY 25]

JULIE DAKE ABEL: That is correct. [AGENCY 25]

SENATOR CONRAD: I believe that was contemplated, right. [AGENCY 25]

JULIE DAKE ABEL: That is correct, that did not even know at the time they had already been put on a list, an official list that they were a partner, and they were not even aware of it. [AGENCY 25]

SENATOR CONRAD: And I believe in the plan, as presented to this committee, was that those community partners would be provided training and hardware and software to help clientele make online application or otherwise for critical human services and I guess maybe it's probably beyond your knowledge or mine as to how that framework got into place without some sort of collaboration. But that's strange. Thanks. [AGENCY 25]

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JULIE DAKE ABEL: Yes, it is. [AGENCY 25]

SENATOR HARMS: Thank you, Senator Conrad. Is there any other questions? Thank you very much for your testimony. [AGENCY 25]

JULIE DAKE ABEL: Thank you. [AGENCY 25]

SENATOR CONRAD: Well, and just to be clear for the record, I really wish that Director Winterer was still available so that he could address these and other issues that come up within the context of his agency budget, but I see that he's left the room. So if he's listening someplace, I'd appreciate an opportunity for him to come back to clarify or provide more information about those issues. [AGENCY 25]

JULIE DAKE ABEL: Sure. [AGENCY 25]

SENATOR HARMS: Thank you, Senator Conrad. Any other questions? Thank you for testifying. [AGENCY 25]

JULIE DAKE ABEL: Thank you. [AGENCY 25]

SENATOR HARMS: Do we have anyone else who'd like to testify in behalf of Agency 25? [AGENCY 25]

BECKY GOULD: (Exhibit 18) Good afternoon. My name is Becky Gould. I'm the executive director of the Nebraska Appleseed Center, and that's Gould, G-o-u-l-d, and I want to touch on...I have written testimony on the...related to the issue of ACCESSNebraska and we definitely have some concerns that we'd like to share there, but I want to start I think with the issue that came up related to Medicaid and SCHIP and the category of folks that are about to lose coverage effective March 1. I first want to say that we're, you know, really pleased and happy to hear that the Governor is supportive

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of finding a solution to this problem and I think the thing that makes me particularly excited about that is that I think there is a simple solution to this problem. There are a number of states, six states at least, that are Medicaid expansion programs like we are here in Nebraska but carve out a separate CHIP program for just a certain subset of the CHIP-eligible population, and that allows them to maintain all of the good things that come with being a Medicaid expansion state. And Appleseed has been a long supporter of maintaining our CHIP program as a Medicaid expansion. We wouldn't want to see that changed. But at the same time, this is a mechanism that's been utilized by other states to provide this level of coverage to this population in a way that complies with federal law and then allows us to draw down the very critical federal dollars that are connected to the CHIP program. And so I think it's really important for folks to know that this is something that can be done. It's acknowledged in the letter from CMS that it can be done. And in terms of the issue that was raised by the director that they felt they didn't have the authority to act, I've reviewed the Nebraska Medicaid Act and I would agree with Senator Conrad's position. There's definitely nothing prohibiting the department from creating this standalone, carve-out program. Beyond that, I would say I think there's existing statutory authority for them to act without legislative action. If you look at the section of the Nebraska Medicaid Act that creates eligibility for Medicaid, there's one section, and I...sorry that I don't have the exact statute number for you but it's 68-910 or 911, it's somewhere in that range. The language there says that children are eligible as allowed under Title XXI. Title XXI is the federal law that creates the CHIP program and this category of children are eligible under...or allowed to be eligible under Title XXI. And so I would argue that that language that's already in Nebraska statute saying that the state can cover children as allowed under Title XXI gives the department the authority that they need to continue providing the coverage we've been providing for a very long time to this population, and that, you know, additional legislative action wouldn't be necessary. And I think there's some important things to know on the money side of this issue about why it's better to act sooner rather than later. If we do a state plan amendment, which is what's outlined in the CMS letter, and we do that before the end of March, that state plan amendment is retroactive to the beginning of January and

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nobody has to lose access to coverage and we don't lose federal match dollars and, in fact, for this population we'll get higher match dollars because the match for the CHIP program is higher than the match for the Medicaid program. So I think it's really important that, you know, attention be given to this issue and a solution be reached before the end of March, because if we can do it without legislation and we can do it simply with a state plan amendment, we can continue providing coverage without a gap in services, and I think that's really critical for, you know, the folks who are receiving these services. The other thing that I would say is we've definitely seen the letters that have gone out from the department about not terminating services until March, but there was a letter that went out just today saying that they're no longer going to enroll new women into this program. And so effective today, we're not going to be...we're essentially denying coverage to new folks who would enroll in this program. I have a couple of concerns about that. One, we have a regulation that hasn't been repealed that says these folks are eligible for coverage, and so I think there's some real concerns about moving so quickly down that path. And second of all, if there's a solution to be found, I think we should wait to be denying coverage to folks until, you know, that's been able to be resolved. So those are just I guess a couple of things I would say on the Medicaid issue and hopefully that's helpful to the committee. Just briefly on the issue of ACCESSNebraska, I know others are going to testify, you know, our main concern in looking at the ACCESSNebraska process is that we, one, preserve access to folks who are in need of the benefits that are part of the ACCESSNebraska system and that we avoid a lot of the pitfalls that have happened in other states. And some of the other states that have gone down the path of moving to call centers and eliminating and scaling back local offices have run into some really significant problems in a couple of areas. One has to do with processing times. There are requirements under federal law that you get applications processed in a timely fashion and if you go outside of that you subject yourself as a state to potential liability, and that's something I think we need to be very careful about as we're constructing this system to make sure we don't have backlogs of thousands of applications that haven't been timely processed, and that is something that's happened in other states. Another concern relates to how you deal

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with special populations, populations that have challenges to accessing services. So folks with disabilities, folks that have limited English proficiency, those are things you have to think really careful about because, again, you can run into potential liability. The ADA has to be complied with, and you also have Title VI of the Civil Rights Act that protects folks with limited English proficiency. And at this point, there's been very little shared publicly about how the department plans to construct this in such a way that we won't have any of those problems, that we've got a thoughtful plan about how we staff call centers in local offices to deal with language issues, how we make sure that folks who don't have Internet access can file an application and do a reauthorization of their benefits in a timely way and so that you're not going to have bumps in the road in terms of their services. So we would really like to see, you know, public...more public process set up where we can have a real clear plan on paper, this is how this is going to happen, here's how we're going to make sure caseloads at these call center are appropriate so that people get served, here's how we're going to make sure there's access for folks in rural communities who don't have Internet access, and here's how we're going to make sure that those special populations are being appropriately served. And with that, I'd be happy to answer any questions you have related to either Medicaid or ACCESSNebraska. [AGENCY 25]

SENATOR HARMS: Senator Hansen. [AGENCY 25]

SENATOR HANSEN: Thank you. Thank you, Rebecca, for coming today. I must admit that I got that letter on November 30 or thereabouts, too, and I dropped the ball. I mean I, as a legislator, I could have, should have had some...had a bill drawn up through Bill Drafters and gone through that process. I hope that there's 48 other senators take some of that responsibility, too, that we all dropped the ball. And I hope that...and I will investigate the Title XXI amendment that you talk about and see if we can fix this by the end of March. But I do hope that the other senators on the floor and in this committee take some of that responsibility, too, because we all got the letter. [AGENCY 25]

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SENATOR HARMS: Thank you, Senator Hansen. Senator Conrad. [AGENCY 25]

SENATOR CONRAD: Well, I think there is definitely a shared responsibility in terms of our public policy decisions in every area that we look at, but, to be clear, the only option that is available is not only legislative and I think that has been well-documented through the course of this committee and I encourage the department and the administration to pursue those. [AGENCY 25]

SENATOR HARMS: Thank you, Senator Conrad. Have any other questions for Rebecca? Rebecca, thank you for your testimony. Do we have anyone else who would like to speak on behalf of Agency 25? [AGENCY 25]

RAMONA TUXHORN: I'm Ramona Tuxhorn, R-a-m-o-n-a T-u-x-h-o-r-n, and I'm from Auburn, Nebraska, Nemaha County. I come here as a concerned citizen but a lot of my perspective and concerns are coming from my work at Health and Human Services, and now I'm even more concerned when I (laugh) heard about the status of the prenatal eligibility. But I actually came here to discuss the access issues with ACCESSNebraska. I am concerned that we are going to develop two classes of citizens with this system, and the first class will be the ones who have computers, who have access to technology or have friends or family that can help them. And, yes, we did have a committee that developed a list of community partners, which was the pat answer that was given to us when we first expressed our concerns when we...when the news broke about this system, and, no, those people did not know they were on the list until not so very long ago when a committee sent them letters. And some of them refused to be on the list, as I understand. The other second-class citizens in our client population will be the mentally ill, will be the elderly, the disabled, the people who have run out of minutes on their cell phone, probably calling the unemployment line, which has demonstrated a definite inefficiency with the call center concept. And we are getting clients now because they can't get their unemployment, people who never dreamed they were going to have to apply for food stamps or emergency funds for energy and that sort of thing. And so

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we are seeing the effect if you cannot give these people access. People are offended sometimes that do have computers or have had computers and we ask them to file on the computer, and they are offended because they say, if I had my computer still or if I can still afford the Internet access I would not be in your office. And so this has created, you know, some problems that we see. And some of our clients are doing really well. I mean we need the technology, we need to use technology as much as we can. I had, for one thing, I'm taking applications from all over now, which is fine, but some of my clients are scanning in their verifications because we have notified them that with this new system we will not return originals. They will have to supply us copies and that can be a burden for these people. We have created that burden also for them because not everybody has a computer that they can provide their own copies. But if they can scan them in, and particularly if they're at a distance, you know, I can process their case faster. And so, you know, the uses of technology that we're gaining are good and we need those and we're going to need them to keep up with the amount of workers that we have, because we do have deadlines. And Nebraska has been on the top. They did use this bonus money that we earned. We have had eight years being at the top for negative actions, and our accuracy rate is still high, although it's starting to slip. For one thing, you have workers who are upset, you have experienced workers who are leaving. They couldn't stand the suspense. I mean we were notified about these changes and that we possibly would not have a job and the offices would close and that sort of thing in September of 2008, around the time, almost the same day that the stock market crashed. But around that time we started having the whole country in financial problems. So we are losing workers and I think people are losing focus, plus we have all these committees to try to figure out how we are going to upend our department and make all these things work. So we are kind of stripping out our work force to go to these committees. The people who are left back that are not on committees are going to have to cover their work, so we are going to lose probably some of our timeliness and some of our accuracy. And when this was first brought up, I know that our fraud units and our quality control people had real concerns about if we have a short phone interview with people, are we going to get enough information, are we going to be accurate? Because

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we're still accountable, even if the client makes a mistake. If quality control goes out and finds out that they haven't told us the right thing, we still have a case in error and that does affect our error rate and whether or not we get any bonus money. So I really do have some concerns. I found...I've worked in the department for 31 years and in the last couple decades it seems like there's always money for computers, there's always money for technology, even if it doesn't work. We had a major problem in November which hurt one of my clients and a program did not work. Now they immediately shut that down, which I, you know, I appreciated, and they're going to work on it, and it will be good if it can work later. But we always have money for computers, but you need people to help people, certain kinds of people particularly. And while I really like the part where we're trying to make the clients more independent, more responsible for themselves, some of our clients can't do that. So we need to be sure that we do not shut those people out, particularly, you know, I have clients, and I don't have a large...my clients are mostly family, but I do have elderly clients, I have people with emotional and mental problems and physical disabilities, and I have people who are isolated. They do not have anybody to help them and they do not have any transportation. For those of us who are in the rural area, transportation is a major problem. So it's hard for them to get around anyway and it's hard for them to know, particularly if they've been an ongoing case, that we're shutting them out of our office--no, you cannot see your worker; you know, you can call her at a scheduled time but...and eventually you will not have a worker. You will just call in to a stranger and in a very short period of time that person is going to have to work the case cold and hopefully accurately and the client is going to have to give their information when the person, the worker, would know. Particularly like in an emergency, I would know where their energy was and so forth. Well, you're going to handle the case cold, so that's going to be hard to be accurate in a short period of time. And so my concern is that we not discriminate against our most vulnerable population in our client population, particularly the mentally ill, particularly the elderly, people who are isolated that really need our services the most. So that...and then also now that I've heard more about the prenatal part, anything that you can do. I have several cases pending, everything is on hold, and we just heard about this. So anything

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you can do about that situation we would greatly appreciate because that's going to be a real blow for our clients and it's actually already affected an insurance situation in our town adversely for the employees, so. [AGENCY 25]

SENATOR HEIDEMANN: Thank you for making the trip up today. I appreciate that. [AGENCY 25]

RAMONA TUXHORN: Okay. Uh-huh. [AGENCY 25]

SENATOR HEIDEMANN: Thank you for the information. Senator Fulton has a question. [AGENCY 25]

RAMONA TUXHORN: Oh, okay. [AGENCY 25]

SENATOR FULTON: Thank you, Mr. Chairman. My colleagues have wondered aloud whether anything good can come out of Auburn and... [AGENCY 25]

RAMONA TUXHORN: (Laugh) [AGENCY 25]

SENATOR FULTON: ...your being here today convinces them that there can be good. [AGENCY 25]

RAMONA TUXHORN: Well, thank you. [AGENCY 25]

SENATOR FULTON: Kind of self-deprecating there but the...can you give me an idea? You'd indicated that you're taking cases from all over the state now earlier. [AGENCY 25]

RAMONA TUXHORN: Right, and primarily they're trying to kind of control that. We were taking Omaha cases because of their severe situation. Of course, you know, as I

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understand it, a tremendous amount of cases were transferred to the western area, like 13,000, and we have taken some. It has been difficult. I have two cases, and I don't normally do aged much and I have two cases and one needs a personal care and I don't know anything about the resources up there. It's a sad situation and it's difficult to process those cases, you know? I don't know how we're going to, because we have to tap into resources in the community and know what's going on, and usually have relationships with those resources because they're in our local area or we've used them before. But now we're going to be asked to...or the people at the call center are going to be asked to know the resources in every town across the state to be able to refer people to those. And I'm sure they'll give them some kind of list, you know, but, you know, we had a list for the people who ended up in safe haven, too, and it was not a very...I saw that list and to me it was not a very helpful list. You know, it's not the same as the referrals that we make now. So we are reducing our services and we are the safety net. The safety net for some things will not be there and there will be consequences for that. [AGENCY 25]

SENATOR FULTON: Okay. Yeah, that covers. Thank you. [AGENCY 25]

SENATOR HEIDEMANN: What consequences do you anticipate? [AGENCY 25]

RAMONA TUXHORN: Well, of course, people come to us in emergency. I think there will be more stress on the client and, you know, with CPS services stretched so far, social service workers pick up some of that slack. You know, they work with the clients. You know, we work with budgeting sometimes and work with crisis situations that come up in the family. We make reports when we feel like they are needed. You know, we see things. Those things will not be seen over the telephone and so I think there will be added problems that way. I can see added crime, you know, if you can't access a worker, if you can't access services. I have had clients that I really think if we had not helped them in an emergency they would have gone out and stolen something to pay for it. And I think, you know, then you could also see more domestic violence, you put

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more stress on families, or you could see people who just fall by the wayside until it's too late. You know, they don't get services until it's really a major crisis and they finally come to our attention. And, you know, by not having, you know, community offices, you know, rural offices and the caseworker concept, I mean that's even in the bigger towns. You know, those people have a relationship with their caseworkers and we do see things and we do...we are able to intervene sometimes. So those things will be lost. I'm not saying...I don't know if we could afford them anymore, but those things will be lost. And we've gone to this very quickly. We had no idea it was coming and we are just getting fed bits and pieces as we go along, partly because some of it is just being made up by these committees as we go along. You know, they're trying to make decisions, trying to cover all the millions of things that have to be considered. [AGENCY 25]

SENATOR HEIDEMANN: Senator Conrad. [AGENCY 25]

SENATOR CONRAD: Yeah, I just...thank you for being here and I just wanted to follow up on your perspective as somebody...oh no, sorry. Sorry, just a few more minutes, if you don't...if you can spare them. [AGENCY 25]

RAMONA TUXHORN: Okay. Uh-huh. [AGENCY 25]

SENATOR CONRAD: But as somebody who deals with the clients and the Nebraskans who are in need of these kinds of services on a day-to-day basis, you have such a unique perspective into the level of stress and the emotions involved in the clientele that makes up our most vulnerable Nebraskans. And I want to go back to a question related to this change in eligibility and access for young women to seek and receive prenatal care. Has it been your experience, and I know it's difficult because there are such individualized circumstances at play in your work, but when families or individuals receive these kinds of determinations that they're no longer going to be able to access these kinds of critical medical services or be prevented from accessing them in the first place when they thought they might be able to, do you see a wide arrange of dramatic

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reactions to that, to that knowledge, to that decision? [AGENCY 25]

RAMONA TUXHORN: Well, there will be to this one because we've been doing it for so long. And the medical professionals are going to be very upset because it's going to come out of the blue to them too, you know. And, you know, we just found out about it. We were still telling people last week, I mean there was no problem, you know, sign up and those...a lot of times those are easy cases, the prenatal ones were, for a family. So I don't know. I do think that the doctors usually bill now when the baby is born, bill it all together, so there would be some possibility that the month the child was born--this is what I wondered about--the month the child is born, you know, you have a name and a birth date, then that child would become eligible as a child. You know, they're here. And possibly maybe the medical professionals, you know, could bill the delivery then for that birth date, which basically covers their visits through the prenatal care. The thing you will lose if there's a lot of lab tests, ultrasounds, those sorts of things are billed in the month that they're performed, so the family would have to absorb the costs for those, and for some people it's more than others. Some people have to have several ultrasounds, so that could be a real hardship. [AGENCY 25]

SENATOR CONRAD: And I don't want to put you in a position to speculate beyond what your knowledge may be, but I'll tell you, in having talked with people in the healthcare field and who have worked with this population extensively, that they have real fears that this decision will put pressure on vulnerable women to seek actions that they may not have otherwise,... [AGENCY 25]

RAMONA TUXHORN: They will. [AGENCY 25]

SENATOR CONRAD: ...and particularly in terms of termination of their pregnancy and things like that. And I just wanted to get your feedback about that because you're here and on the record, and see if you could at least agree to that in principle. [AGENCY 25]

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RAMONA TUXHORN: I have had a lot of young women in my office over the past 31 years crying, you know, or their parents crying because they didn't know what they were going to do financially, and it has changed things. I mean there are children that I see that would probably not be here if it hadn't been that we helped that family with that unexpected cost. And a lot of times...people think these pregnancies are all unplanned, a lot of times these girls are on birth control. It's not uncommon to have someone come in, thinking that they have things covered and they don't, you know, they have tried to plan, or young women, I mean married women even. So, you know, it is a mixture of circumstances and it's families as well as, you know,...I mean it's a whole age range of people that we help this way. [AGENCY 25]

SENATOR CONRAD: Right. Thank you. Thank you. [AGENCY 25]

RAMONA TUXHORN: Uh-huh. [AGENCY 25]

SENATOR HEIDEMANN: See no further questions. Thank you. [AGENCY 25]

TIFFANY SEIBERT: Good afternoon, members of the committee. My name is Tiffany Seibert, S-e-i-b-e-r-t, and I am policy coordinator with Voices for Children in Nebraska. I apologize. I hadn't intended to testify today so I have nothing written, but I'd be happy to follow-up with the committee tonight when I get home and write something up. I'm here today to talk a little bit about the prenatal care issue as well. I would like to say that Voices for Children respectfully disagrees with Mr. Winterer's perspective that we need statutory authority to make this change, and we believe that there already exists statutory authority. And I think following the testimony it's evident that this needs to be done as quickly as possible. We have women who are currently in need of services that may not be getting those services. What I'm going to speak to you today specifically is the real fiscal impact, what will happen when we don't provide the prenatal care to these women and then not only will that result in greater human costs once that baby is born but really, really significant fiscal impacts. When women don't have access to prenatal

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care, we see a greater incidence of low birthweight and birth defects, and what we need to be real clear on here is that when these children are born, this population that we're talking about today, they will be Medicaid eligible. So Medicaid or Kids Connection are likely...most likely paying the cost at birth, but then also if that child will remain uninsured we're also going to continue to cover that child under Kids Connection. So we're going to see some really significant costs associated with lack of prenatal care and poor birth outcomes. Studies abound but I'll share a few numbers with you. Babies born too small can cost approximately \$1,000 to \$25,000 per day. A severely ill newborn may spend several weeks or months in the NICU, depending on the complexity of the illness. A premature baby born with undeveloped lungs on average costs \$80 to \$1,000 and has an average stay of 27.8 days in the hospital. The median treatment cost of delivery for low-birthweight babies is \$50,000 and median length of stay is 49 days. Some studies show that low birthweight accounts for 10 percent of all child health costs. And then there are certainly long-term implications from poor birth outcomes. Some studies have found that we're paying between \$3.5 million to \$4 million for children from birth to age 15 because of complications of birth as opposed to had those children received proper prenatal care and had healthier births and, thus, better outcomes in life. So I'd also like to be really clear here that when we're talking about covering prenatal care, the cost is rather small compared to the preventable birth complications that we're looking at. And also, any children in this population we would be receiving, we believe, the enhanced CHIP match, so that would be the 28 percent state, 72 percent federal. So with that, I'd be happy to answer any questions. [AGENCY 25]

SENATOR HEIDEMANN: Are there any questions? Seeing none...oh, Senator Conrad. [AGENCY 25]

SENATOR CONRAD: Oh, I'm sorry. Yes, just to be clear here, I think there has also been some confusion among my legislative colleagues about whether or not this is an issue that is solely affecting Nebraska's immigrant population, documented or

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undocumented. But it's my understanding, and I was hoping that you could clarify on the record, I've seen through media reports and again in those conversations with healthcare professionals, that this policy change and lack of attention, whether legislatively or administratively, has impacts for a variety of different Nebraskans, whether documented, undocumented, or Nebraska citizens (laugh) and the prenatal care that they need when they're pregnant and in these situations. Is that right?
[AGENCY 25]

TIFFANY SEIBERT: Right. That's correct. There are some additional populations other than undocumented women who will be affected by this provision. Previously, it looks as HHS was counting the unborn child in determining eligibility for the program and HHS no longer believes that that can be done, and so that's what's being changed. [AGENCY 25]

SENATOR CONRAD: And to be clear, I know that Voices for Children has a longstanding history and record in terms of dealing with these kind of issues affecting children and families. And you know, we may beat each other over the heads in the political context when it comes to issues involving immigration or choice, but I think the one thing that we can all agree on is that we want healthy moms and healthy babies.
[AGENCY 25]

TIFFANY SEIBERT: Right. [AGENCY 25]

SENATOR CONRAD: And do you really see that as the focus of this policy issue?
[AGENCY 25]

TIFFANY SEIBERT: Absolutely. I mean this is...these children that are born are U.S. citizens and they will be citizens of the state of Nebraska and we are talking about investing in the future health and productivity of our kids,... [AGENCY 25]

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SENATOR CONRAD: Great. [AGENCY 25]

TIFFANY SEIBERT: ...so it's absolutely about healthy moms and healthy babies.
[AGENCY 25]

SENATOR CONRAD: Thanks. Thank you. [AGENCY 25]

TIFFANY SEIBERT: Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Senator Hansen. [AGENCY 25]

SENATOR HANSEN: Thank you. Would you say that drugs, alcohol, and tobacco are one of the major sources for low-birthweight children? [AGENCY 25]

TIFFANY SEIBERT: I don't know if it's one of the major sources but smoking is certainly a large contributor. [AGENCY 25]

SENATOR HANSEN: And drugs, methamphetamine use? [AGENCY 25]

TIFFANY SEIBERT: Yes, I believe so. [AGENCY 25]

SENATOR HANSEN: Lung development? [AGENCY 25]

TIFFANY SEIBERT: Uh-huh, yep, absolutely. [AGENCY 25]

SENATOR HANSEN: I've seen that too. [AGENCY 25]

TIFFANY SEIBERT: Uh-huh. [AGENCY 25]

SENATOR HANSEN: So those are all personal choices, too, that young moms, new

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moms, doesn't matter what age, doesn't matter what race, doesn't matter... [AGENCY 25]

TIFFANY SEIBERT: Sure. [AGENCY 25]

SENATOR HANSEN: ...what their background is. Those are personal choices that... [AGENCY 25]

TIFFANY SEIBERT: Sure, absolutely personal. [AGENCY 25]

SENATOR HANSEN: ...that are not good. Now would prenatal care that is performed by the state...I mean, you can't make those...can't make those choices for the young moms... [AGENCY 25]

TIFFANY SEIBERT: It's true, you certainly can't make the choices. [AGENCY 25]

SENATOR HANSEN: ...or the old moms as far as that goes, so. [AGENCY 25]

TIFFANY SEIBERT: Or the old moms, right. You can't make the choices but what you can do, I mean if you're visiting a doctor and learning about the real implications of behaviors and you're held accountable, you know, you care enough about that baby to go see that doctor. So I really believe it presents an opportunity for us to change the behaviors of moms if they're not headed in the right direction. There are also important things they can teach them about methods to perhaps stop smoking or stop their drug use, maybe connect them to other services to stop that. There's also issues of prescription medications. Perhaps unknowingly a mom is on a medication that may affect their pregnancy and they have no idea, so it would be about directing that course of treatment for the next nine months. [AGENCY 25]

SENATOR HANSEN: Okay. Thank you. [AGENCY 25]

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TIFFANY SEIBERT: Sure. Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Seeing no further questions, thank you, Tiffany. [AGENCY 25]

TIFFANY SEIBERT: Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Welcome. [AGENCY 25]

ROBERT STERKEN: Hi. My name is Robert Sterken, that's R-o-b-e-r-t S-t-e-r-k-e-n. I'm a state employee, work in social services, and I'm here as speaking for myself and also for NAPE/AFSCME. I'm here on my own time. In case you're wondering, I broke my arm and that's why I have this thing on. Being right-handed, it's been awkward. But I thought it was important for me to be here today. I want to second the information you've already heard from my coworker from Auburn. I'm from the Omaha office so our circumstances are different in some respects but we find, for the most part, very similar. We have the same concerns and I...one of the things that happened in this process, as we're preparing to go through this transition, as you already know, we've been losing a lot of staff as we're going through the staff cuts and it was determined we needed to send cases to western Nebraska. I had primarily nursing home cases, and all of our nursing home cases were transferred to the western district, so almost my entire caseload was transferred and I started all over with new cases. So we've had a lot of shuffling of cases within the agency and within the office to try to keep workloads equalized as we lose staff. That's given us a taste for what happens when we lose the continuity of having an established worker that knows that client that called the worker. We know them already because we've talked to them before. They don't have to tell us the whole story every time because we already know them. Now I have had the experience of having an almost totally new caseload of people I don't know and I'm having an idea of what it really is like to have people call me for the very first time, like I

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was in a call center and trying to respond to them in an appropriate way, and it's very difficult. They get frustrated because I don't know what they're talking about. They become frustrated because I spend time looking on the computer to try to figure out what's going on with their case to answer their questions to make sure I'm giving them the correct answer. And it's very difficult working in that way, but under the call center environment that will be what happens every time someone calls, because we won't have those...at least now when I talk with that person the first time, I know next time they call I got a little bit of a head start. If I was working in the call center I won't even have that because we won't have established caseloads and assigned clients any longer. And we've talked about a concern, especially about the disabled clients, elderly clients that really need that kind of attention. I would agree that not all of our clients need that, it's not necessary, but I think that we do have a fairly large population that it will make a very significant difference. I have clients that will call me because they're so frustrated with Social Security because they will have to press this number, press that number, and I can't get through to anybody and I can't get any help from them. So they call our office because it's one place they can still call where they don't get a call center. Well, if we go to a call center, I don't know where they're going to call next. We keep hearing about our community partners but we don't know who they really are. We don't know who the next line of contact is going to be, who will help some of these people that are really dependent on us at this time. So we're real concerned about that. There is provision in this arrangement for some limited local office staff to remain, but it's not real clear exactly what those people will do. And my proposal would be that there could still be, some of these people that need that kind of consistent assistance from an established worker, could still have that and they could still be assigned to a local officer worker even though a majority of our clients are not. But as far as I know, there's no provision for that kind of thing at this time. So I think there are things that could be done as we transition to the call center to make this work better and to make sure that people don't just drop off the end of the system and we just forget who they are because they don't know who to call and how to contact us. I do have one client already that has been lost to the system. We no longer do face-to-face interviews. Clients are just supposed to

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contact us by phone. I work in a locked office. Clients can't even come into my building. I have one client that refused to talk with me on the phone to receive his food stamps, to redo his annual review. He says, I don't talk to people on the phone, I want to come in and see you. I said, well, we can't do that, we need to do this over the phone. He refused to do that so he now is no longer is receiving food stamps. I think we need to work at avoiding that kind of thing happening. I think we can if we give some attention to those issues. Do you have any further questions for me? [AGENCY 25]

SENATOR HEIDEMANN: Senator Harms. [AGENCY 25]

SENATOR HARMS: John (sic), have you received any training at all in regard to the call centers and how to handle a center and your clients in a call center? [AGENCY 25]

ROBERT STERKEN: Well, we haven't had any call center training because, you know, that's still quite a ways down the road before it will actually be taking place, and at this point we don't even know which workers will actually be transitioning to call centers, which ones will be staying at local office depending on, you know, individuals' choices and job seniority and those things. In my case, if I were going to work in the call center, I'll have to drive to Lincoln or to Fremont because that's the closest two call centers for us. I'm sure that a lot of people that work in Health and Human Services today won't be going to work in call centers because they'll be so far from where they live it's out of the question for them. So there isn't any training at this point and I don't think it would make sense to train everybody when we don't even know who's going to be in the call centers. But I have some personal experience with call centers in that I worked in a call center as a part-time job for three years, so I know what a call center environment is like, I know how it works. And part of my concern with that is that the particular company I was working for had some budget issues and they said we have to cut expenses, so they said that we have to cut expenses of the call center so now we're going to make sure that the calls are kept short so we can handle more calls with less people. So they changed our whole focus. Originally, they told us, well, we don't even monitor your call

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time, we don't care, just do a good job, make sure everybody's needs are met. Well, they changed that and, well, now if your average call time per person that calls is too long, you lose your job. That's standard for call centers. If we can't keep up with the volume, we cut down on the call time. And if you can't get your calls short, that means just get people off the phone, it doesn't matter what their needs are, answer the phone, say good-bye, and go on to the next one, because that way it looks like we're doing the job. And I'm concerned about that kind of thing happening, but that's certainly a way to control cost. As far as I understand it, it's already anticipated we know how many people are going to be in the call centers. The budget is already set. If it doesn't work, well, it will have to work because that's all we got and we just will have to find ways to cut people off and keep things shorter because we have to make it work with what we have, because...well, I'm very sure that our agency administration doesn't want to come back to you and say, well, we underestimated, we were wrong, we're going to need more staff and we have to add to the call centers by 25 percent. They're not going to want to tell you that and you're not going to want to hear it. So these things kind of end up set in stone and we're stuck with them, and I, you know, I'm concerned about having those kinds of parameters that we're stuck with. But it appears, at this point at least, that's the way it's going. [AGENCY 25]

SENATOR HEIDEMANN: Are there any more questions? Seeing none, thanks, Robert. [AGENCY 25]

ROBERT STERKEN: Thank you. [AGENCY 25]

SENATOR HEIDEMANN: Is anyone else wishing to testify on Agency 25? Seeing none, we will close the public hearing on Agency 25 and we are done for the day. [AGENCY 25]